

## **Policy and Procedure Manual Guidance for Private Provider Certification**

*Wyoming Standards, Chapters 1-8, specify several areas to be established in written policy and/or procedure. This is an outline of the areas per rule and regulation, which are the minimum required to be included in your agency's policy and procedure document.*

*It is permissible to include information from rule and regulation word for word in your policy and procedure document.*

*Please combine all policy and procedure documents together into one electronic document, dated with the latest revision date.*

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### **All levels of care programs/providers must include these standards in policy and procedure:**

- **Governing Board Protocols (e.g. governing authority or board, or sole legal owner/responsible authority)** – Chapter 2, Section 2 (b)
- **Client Rights** – Chapter 2, Section 2 (c)
- **Emergency Procedure Requirements** – Chapter 2, Section 2 (d)
- **Tobacco Free Protocols** – Chapter 2, Section 2 (e)
- **Financial Protocols, All Certified Programs** – Chapter 2, Section 6 (a – c)
- **Human Resource Management** – Chapter 2, Section 7 (b, c, d, e, f)
- **Client Confidentiality and Consents** – Chapter 4, Section 2 (a – g)

### **Level 0.5 Early Intervention DUI/MIP Education Programs/Providers:**

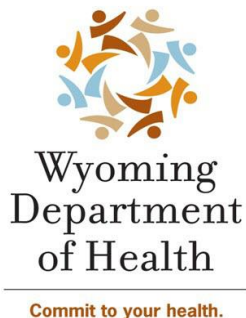
All of the above blue bulleted points are required, plus pertinent information about your state-approved early intervention curriculum (Prime for Life, The Change Companies, or Hazelden Betty Ford Foundation).

Please specifically name the curriculum your agency utilizes in your policy and procedure document.

Any information you wish to include from Chapter 4, Section 10 DUI/MIP Education Programs would be appropriate as would any information from Chapters 1, 2, and Sections 1-9 of Chapter 4.

### **Level 1.0 Assessment Only Service Programs/Providers:**

All of the above blue bulleted points are required. Please consider including information from Chapter 4, Sections 1-9, with special consideration of including the information from **Chapter 4, Section 6 Screening and Assessment**.



### **Level 1.0 Outpatient Service Programs/Providers:**

All of the above blue bulleted points are required. Please consider including information from Chapter 4, Sections 1-9, with special consideration of including the information from [Chapter 4, Section 11 Outpatient Treatment Services](#).

### **Level 2.1 Intensive Outpatient Service Programs/Providers:**

All of the above blue bulleted points are required. Please consider including information from Chapter 4, Sections 1-9, with special consideration of including the information from [Chapter 4, Section 12 Intensive Outpatient Treatment Services](#).

### **Level 2.5 Partial Hospitalization (Day Treatment Services) Programs/Providers:**

All of the above blue bulleted points are required. Please consider including information from Chapter 4, Sections 1-9, with special consideration of including the information from [Chapter 4, Section 13 Day Treatment Services](#).

### **Levels 3.1, 3.5, 3.7, and 4.0 Residential and/or Inpatient Services Programs/Providers:**

All of the above blue bulleted points are required. Please consider including information from Chapter 4, Sections 1-9, with special consideration of including the information from [Chapter 4, Section 14 Therapeutic Environment and Physical Plant Requirements for all Residential Facilities](#); and Section 16 [Residential Treatment Services](#).

### **Levels 1, 2, 3, and 4-WM Withdrawal Management Programs/Providers:**

All of the above blue bulleted points are required. Please consider including information from Chapter 4, Sections 1-9, with special consideration of including program applicable information from [Chapter 4, Section 15 Detoxification Services](#).

### **Special Populations Served Designations (Criminal Justice, Adolescent, Co-Occurring, Women's Specific, and/or Residential Treatment for Persons with Dependent Children):**

All of the above blue bulleted points are required. Please consider including information from Chapter 4, Sections 1-9. Please outline in your policy and procedure manual information from Chapter 5 [Special Populations for Substance Abuse Services](#) for the specific designation(s) you wish to be certified for.

### **Recovery Support and Transitional Housing Services:**

All of the above blue bulleted points are required. Please consider including information from Chapter 4, Sections 1-9. Please outline in your policy and procedure manual information from Chapter 7 [Recovery](#)



Commit to your health.

Support Services for Substance Abuse Services; and if providing residential Supportive Transitional Drug-Free Housing Services, information from Chapter 4, Section 16 (c) Transitional Residential Treatment Services for the specific services you wish to be certified for.

### **Court Supervised Treatment Programs:**

All of the above blue bulleted points are required. Please consider including information from Chapter 4, Sections 1-9. Please outline in your policy and procedure manual applicable information from Chapter 8 Rule and Regulations for State Funding and Certification of Court Supervised Treatment Programs.

Please contact the Behavioral Health Division Certification Program Manager if you have any questions, concerns, or need assistance: **Certification Program Manager, Behavioral Health Division** phone: 1-800-535-4006 or email: [wdh-certification@wyo.gov](mailto:wdh-certification@wyo.gov).